

ARKANSAS INSURANCE DEPARTMENT AFFILIATED TRANSACTION DISCLOSURE FORM

For Domestic Insurers Not Subject to the Holding Company Act

CONFIDENTIAL FILING UNDER ACA 23-61-107(a)(4)

On Behalf of Following Insurance Company (Companies):

NAIC No	Insurer Name:	
Address:		_
NAIC No	Insurer Name:	
Address:		_
NAIC No	Insurer Name:	
Address:		_
NAIC No	Insurer Name:	
Address:		_
Filing Date:	, (Year)	
Name, Title, Ado	ress, E-Mail Address and Telephone Number of Contact Person:	
		_

ITEM 1.ORGANIZATIONAL CHART

Attach an organizational chart which clearly lists the identities of the ultimate controlling persons (or individuals), affiliates, and subsidiaries. Indicate on the chart the form of affiliation/control (ownership, management contract, etc.) and percentage (%) of ownership, if applicable. No affiliate need be shown if its total assets are less than 1/2 of 1% (one percent) of the total assets of the ultimate controlling person. Also include all NAIC numbers. (SEE SAMPLE FORM AT THE END OF THE FILING INSTRUCTIONS.)

"Affiliate(s)" An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

"Control" means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

ITEM 2. AFFILIATE TRANSACTIONS

Information need <u>not</u> be disclosed if it is <u>not material</u>. "Material transactions" are those transactions involving amounts that equal or exceed one-half of 1% of the insurer's admitted assets as of the 31st day of the preceding December. Attach additional sheets if necessary. If the Company does not participate in affiliated transactions, Sections A and B should be marked "NONE" and the Form should be filed according to the filing instructions on Page 5.

A. List Ongoing Inforce Contracts and Arrangements

Include the date the contract was signed or the agreement was entered into. If the contract/agreement has not been previously filed with Department, attach a copy of the contract/agreement. Current Amendments to existing contracts should be attached to the Form. Denote on the list "AMENDMENT" and provide the date of the amendment.

If the arrangement is not in written form, describe the transaction on a separate sheet. Include the nature and purpose of the transaction, nature and amounts of any payments or transfers of assets between the parties, and the identity of all parties and relationship of the affiliated parties to the insurer.

The following inforce transactions should be listed below:

- (1) Loans or guarantees for the benefit of an affiliate, which result in an actual, or contingent liability exposure to the domestic insurer's assets, other than insurance contracts/ reinsurance contracts entered into in the ordinary course of the insurer's business.
- (2) Service, management, cost-sharing, or tax allocation agreements with an affiliate.
- (3) Pledge of the insurer's stock or of the stock of its subsidiary or controlling affiliate, for the benefit of any owner, manager, subsidiary or affiliate.

The list is not limited to, but should include, transactions governed under law, such as Ark. Code

(4) Reinsurance contracts with any affiliate.

B. Describe Other Material Contracts and Arrangements

Describe briefly the insurer's transactions with parents or controlling parties, affiliates, and subsidiaries for material transactions that are not ongoing entered into since last filing. Include the nature and purpose of the transactions, nature and amounts of any payments or transfers of assets between the parties, and the identity of all parties and relationship of the affiliated parties to the insurer. Include the date the contract was signed or the agreement was entered into. Attach additional sheets if necessary. Attach related contracts or agreements.

The following transactions should be described:

- (1) Material purchases, sales or exchanges of assets.
- (2) Other material transactions.

The descriptions of transactions to be included in this section are not limited to but should include transactions governed under law, such as §23-63-1401, et seq. (material transactions) which are not already described in Item 2A (above).				

ITEM 3. SIGNATURE AND CERTIFICATION

SIGNATURE

Pursuant to the requirements of Ark. Code Ann. §	23-63-216		
the insurer has caused this disclosure statem	nent to be duly signed on its behalf in the City of		
and State of	on the day of, (Year)		
(SEAL)	(Name of Insurer) BY(Name)		
	(Title)		
Attest:			
(Signature of Officer)	(Title)		
CER	TIFICATION		
The undersigned deposes and says that (s)he ha	s duly executed the attached disclosure statement dated		
, (Year), for and on beha	If of (Name of Insurer);		
that (s)he is the (Title of Officer)	of such Company and that (s)he is authorized		
to execute and file such instrument. Deponent fu	orther says that (s)he is familiar with such instrument and		
the contents thereof, and that the facts therein	n set forth are true to the best of his/her knowledge,		
information and belief.			
	(Signature)		
	(Type or Print Name)		

FILING INSTRUCTIONS

All domestic companies (except FMAAs) which are not subject to the Holding Company Act should file the form quarterly with the filing of the quarterly statutory financial statements. Filing due dates for the financial statements are March 1, May 15, August 15, and November 15.

The original and one copy of the form should be mailed to:

ARKANSAS INSURANCE DEPARTMENT FINANCE DIVISION 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087

This form may be filed electronically as a PDF file by emailing to insurance.finance@arkansas.gov. If filed electronically, the original form evidencing the original signatures should be kept on file at the Company for 5 years.

The blank form is available electronically on the Insurance Department website at www.insurance.arkansas.gov under the Finance Division page.

This form may be modified in a non-substantive manner to accommodate reporting.

SAMPLE ORGANIZATIONAL CHART

